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AUTHOR	Chioni, Rose Marie; And Others
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ABSTRACT

An employment profile of recent graduates of the University of Virginia School of Nursing was undertaken, with attention directed to factors they considered important for selecting their jobs, leaving their jobs, and selecting future jobs in nursing. A questionnaire used in a 1981 study was modified for the investigation, and the Work Environment Scale (WES) (Insel and Humphrey, 1974) was also administered. Of 375 questionnaires mailed, 260 usable responses were obtained, representing Bachelor of Science in Nursing (B.S.N.) graduates during 1978-1980. General information was obtained on the respondent's sex, marital status, parenthood status, residence, area of focus at the university, further education since the B.S.N., current employment as registered nurses, and the number of years in nursing since the B.S.N. Respondents were also asked to indicate the setting, the length of employment, the position held, and the reasons for leaving each job since graduation. Additionally, respondents were asked to assess the social climate of their work units by answering true or false to statements on the WES. Attention was focused upon the following dimensions: involvement, peer cohesion, staff support, autonomy, task orientation, work pressure, clarity, control, innovation, and physical comfort. Different work settings and positions were evaluated in regard to the study dimensions. Findings confirm that most of the graduates work upon graduation (92.7%) and are employed as staff nurses (81.1%). While 63.7% held their first jobs in a medical center, the tendency for second jobs is to either community hospitals or community health programs. The finding of most concern is the very high job mobility of respondents. (SW)

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Factors Affecting Employment of Graduates of the University of Virginia School of Nursing from 1978–1980

Rose Marie Chioni, R.N., Ph.D., F.A.A.N.
Virginia Lee, R.N., M.S.N
Nancy Williamson, R.N., M.S.N.

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In the past several years the "nurse shortage" has become a major concern of the health care industry and has directly affected the American people. Hospital beds have closed, surgery has been cancelled, and patients have been diverted from certain hospitals to, at times, hospitals less well equipped to meet their needs. Not only is the nurse shortage being addressed in nursing and health related publications but also in the media of radio and television.

The question, "Where are all the nurses?" is asked repeatedly. Lysaught (1981) states that over 30% of licensed registered nurses are unemployed. This figure does not include the 25% of prepared nurses who no longer retain their licenses.[1]

The assumption in the past has always been that there would be plenty of nurses. The State Council of Higher Education in Virginia (SCHEV) study of 1975 predicted, in fact, a surplus of nurses beginning in 1978.[2] However, should a shortage occur it was always assumed that additional students could be admitted to our schools of nursing. Even with the increase in the number and types of educational programs over the last several years, the demand for nurses has not been satisfied.

Many changes in society and the health care system have taken place to make our usual approaches to responding to a shortage far from realistic. Perhaps predominant among these changes which are directly affecting the supply of nurses are:

1. The changing role of women in America and the increased opportunity for women in other fields;
2. The major changes in health care including the increased complexity of medical care, the increased utilization of registered nurses in hospitals, the distribution of health care to a variety of settings with increased longevity of Americans; and
3. The decrease in federal support of schools of nursing and student nurses.

Information is needed about the factors which contribute to the nurse shortage in order to plan more realistically for the future, provide quality humanistic nursing care, and to decrease job mobility and nurse turnover. Data are needed to determine why nurses are not working, why they choose to work where they do, what factors influence job satisfaction/dissatisfaction, whether or not their educational programs prepared them for the practice and realities of nursing and what changes in service or education would make the practice of nursing more satisfying and rewarding.

PURPOSE OF THE STUDY

The purpose of this descriptive study was to obtain an employment pro-

file of recent graduates of the University of Virginia School of Nursing and to determine the factors they considered important for selecting their jobs, leaving their jobs, and for selecting future jobs in nursing.

METHODOLOGY

This research was essentially an extension of an earlier study, completed in 1981.[3] Modifications were made in the survey questionnaire* to increase the clarity and specificity of the responses. In addition, the Work Environment Scale (WES) was added for respondents to indicate the character and atmosphere of their work place.

The questionnaire consisted of two parts: general information and work history. The general information section gathered data about the demographic characteristics of the sample, the area of focus chosen in the undergraduate program at the University of Virginia, and additional education that had been pursued. The work history section solicited information about the individual's work history as a registered nurse, the importance of selected factors in their past job selection, and the reasons for leaving at each job change. Respondents were also asked to rate factors that they would consider important in selecting future jobs.

The Work Environment Scale, developed by Rudolf H. Moos, Paul M. Insel, and Barrie Humphrey (1974), was incorporated in the questionnaire because it is purported to measure the factors often listed as reasons for job dissatisfaction in nursing.[4] The scale assesses: the social climate of all types of work environments among employees and between managers and employees; directions of personal growth and development which are emphasized in the work environment; and the basic organizational structure of the work unit. Preliminary work developing items for the WES was done with large and diverse groups to insure that the scale would be applicable to a broad variety of work situations.

The WES has ten subscales: involvement; peer cohesion; staff support; autonomy; task orientation; work pressure; clarity; control; innovation; and physical comfort. The shortened form of the WES, the forty-item scale, was used in this study.**

The questionnaire was sent to a stratified random sample of 375 nurses; 125 subjects from each class who had graduated from the Bachelor of Science in Nursing (BSN) program at the University of Virginia School of Nursing during the years 1978-80. A follow-up letter was sent to those who did not respond within three weeks.

The responses were key punched on computer cards; frequencies, percentages, and rankings were determined. The WES (Form S) score was determined and plotted using the information provided with the tool (Moos and Insel, 1974).[5]

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*Those wishing a copy of the questionnaire may order from Rose Marie Chioni, School of Nursing, University of Virginia, Box 1, McLeod Hall, Charlottesville, Virginia 22903.

**Information regarding the validity of the WES can be found in Appendix A.

FINDINGS OF THE STUDY

General Information

Of the 375 questionnaires sent out, 260 usable responses were obtained giving a response rate of 69.3%. The final sample size was composed of 260 B.S.N. graduates of the University of Virginia School of Nursing during the years 1978-80. Approximately one-third of the sample comes from each of the three graduating classes (34.4% in 1978; 32.4% in 1979; and 33.2% in 1980). Of the 260 respondents, 96.2% (250) were female and 3.8% (10) were male. Of the sample 38.8% were married while 56.5% were single. The remaining 4.6% were either divorced or engaged. Of the respondents 90.7% do not have children, 5.8% have one child, 3.1% have two children, and 0.4% have three children.

Location of residence was categorized by regions as defined by the National League for Nursing: Southern, Western, Midwestern, and Northeastern. Residing in the Northeastern region are 11.6% (30); 2.7% (7) in the Midwestern region; 79.9% (207) in the Southern region; and 5.8% (15) in the Western region.

Because the graduates from 1978-80 had completed a program providing for an area of focus choice in the last year and it was felt that the focus choice, either wellness and long term illness (Area of Focus I) or acute illness (Area of Focus II), may influence job selection, data were analyzed by choice of focus along with other variables. Of the 260 respondents, 39.1% completed the wellness/long-term illness area of focus and 60.9% completed the acute illness focus.

When respondents were asked whether they had pursued further education since the B.S.N., 26.2% reported that they had returned to some educational program while 73.8% had not. Of those returning to school, 6.2% have received an advanced degree.

Of the total sample, 92.7% (241) are currently working as Registered Nurses (RN) while 7.3% are not. Of those not working as RNs, approximately half (9) are in another line of work while the other half (10) are not working.

The number of years the respondents have practiced nursing since the B.S.N. is closely related to the number of years since graduation. Only 0.4% have not practiced at all; 38.1% have practiced one year; 31.2% have practiced two years; 30.0% have practiced three years; and 0.4% have practiced four years.

Work History

Respondents were asked to indicate the setting, the length of employment, the position held, and the reasons for leaving each job since graduation. A total of 436 jobs were held by the 259 respondents, a mean of 1.68 jobs.* The majority, 52.7% (233) of the positions were held at medical center hospitals; 28.5% (126) were held at community hospitals; 3.8% (17) were community health nursing positions; 2.3% (10) were in-

*Only 259 of the 260 responses were valid for this section of the questionnaire.

Table 1. Total Number and Percentage of Jobs Held by Work Setting.

Setting	Number of Jobs	Percentage of Jobs
Medical Center	233	52.7
Community Hospital	126	28.5
Community Health Nursing	17	3.8
Doctor's Office	8	1.8
School of Nursing Instructor	7	1.6
Nursing Home	5	1.1
Private Duty	4	.9
Outpatient Department	3	.7
Industrial or School	2	.5

dustrial/school/office nurse positions; 1.6% (7) were instructors at schools of nursing, and 1.1% (5) were positions in nursing homes. (See Table 1.)

The first job held by the majority of the respondents (63.7%) was in a medical center hospital. Staff nurse positions comprised 81.1% of these positions. Over 54% held their first jobs for one year or less and 87.6% held their first jobs up to two years only.

Although slightly over 51% were still employed in their initial job, 155 respondents had left their first job. Of these only 127 had taken a second position in nursing. Of those employed in a second position 37% (47) worked in medical center hospitals and 33.9% (43) worked in community hospitals. The majority of the second jobs (77.8%) were held one year or less. By the end of two years, 97.6% of respondents had left these jobs. Positions held were mostly staff nurse (73.6%) or head/assistant head nurse (8%) positions.

Of the 52 respondents who left the second job, only 44 had taken a third job (16.9%) of the total groups. Of those holding a third job, 18 (40.9%) worked at medical center hospitals; 11 (25%) in community hospitals; 4 (11.4%) in community health settings. Jobs held for one year or less totaled 70.7%; those held up to two years totaled 26.8%. As with other jobs, the largest percentage of third jobs were staff nurse positions (78.6%) or head/assistant head (7.1%) positions. Twelve people had held fourth jobs, 4.6% of the total group within the three years since graduation.

1978 Class

Of the respondents, 89 held a total of 191 jobs in the three years since graduation (2.14 average # of jobs). Of the total jobs, 84 (44%) were held less than one year; 30 (15.7%) were held for one year, 46 (24.1%) for one to two years, and 31 (16.2%) were held up to three years. Of the respondents from the class of 1978, 36 (40.4%) stayed in each job they held at least one year. However, several respondents held multiple jobs of less than one year; 15 (16.9%) held two jobs, two (2.2%) held three jobs, and four (4.5%) held four jobs of less than one year's duration.

1979 Class

In the 1979 class, 83 respondents held a total of 140 jobs (1.68 average # of jobs): 67 (47.9%) of the jobs were held less than one year, 16 (11.4%) were held for one year, 53 (37.9%) were held one to two years, while only four jobs (2.9%) had been held for two to three years.

Of the 1979 sample, 35 (42.2%) had never worked at a job that lasted less than one year. However, 33 (39.8%) had worked at one job for less than one year. Again multiple jobs of less than one year were held by a number of respondents. Eleven (13.3%) and four (4.8%) had worked at two and three jobs for less than one year. There were, however, 53 (63.9%) of the respondents that had one job up to two years and four (4.8%) who had worked at one job for two to three years.

1980 Class

Of the 1980 class, 86 respondents had held 104 jobs since graduation; 103 of these were held for one year or less. One respondent who had graduated in January held a job between one and two years, the others had been out of school slightly less than one year. However, 17 respondents (19.8%) had held two jobs in the time since graduation.

Employment Settings

Medical Center: A total of 165 respondents held their first job in medical center hospitals. Of this group, 86 (52.1%) held second jobs. These second jobs were in medical center hospitals for 35 (40.6%) of the respondents, while 51 (59.3%) switched out of that setting, the largest number taking jobs in community hospitals and community health departments, 26 (50.7%) and 7 (13.7%) respectively.

Of the 44 respondents in the sample who took third jobs, 18 (40.9%) of these were taken in the medical center setting; nine who had worked in this setting for the second job continued to work in that setting; nine moved to the medical center from other settings, while nine moved out of the medical center to other settings on the third job move.

Of the 12 respondents in the sample who held fourth jobs, only three (25%) of these were taken in the medical center. One of these had worked in a medical center on the third job, while the two others changed from other job settings to the medical center hospital.

Overall, 69.1% of graduates had worked in a medical center hospital at least once; 17% of respondents had taken a second job in a medical center.

Community Hospitals: Respondents that held first jobs in community hospitals numbered 68 (26.3%). Second jobs were taken by 24 (35.3%) in this group; 10 (41.6%) took jobs in community hospitals; 14 (58.3%) changed to another type of work setting. There were 33 respondents from other settings that came to work in community hospitals on their second job. A total of 43 (33.8%) of all second jobs were held in community hospitals. Holding third jobs were 44 respondents; 11 of these were in community hospitals. Six of these third jobs were held

by those previously working in that setting, while five moved from other settings.

Six respondents chose to move out of the community hospital setting on the third job move. Of the 12 who held fourth jobs, four (33%) of these jobs were taken in community hospitals; three respondents had worked in this setting previously. Three also moved to other settings on the fourth job move.

Overall, 40.2% of respondents have worked in community hospital settings at least once. Of the respondents, 7% have taken a second job in a community hospital.

Community Health Nursing: Two (.8%) of the respondents held first jobs in community health nursing. Both took second jobs; one remained in the community health setting, one changed settings. However, a total of ten respondents held second jobs in community health nursing, indicating that nine moved into that setting on a second job. Five respondents held third jobs in community health nursing; one of these held a second job in that setting while four switched from other settings. Two respondents moved out of the community health setting on the third job move. Overall, community health nursing had employed 5% of respondents at least one time.

Area of Focus

With one exception, respondents from both areas of focus (Focus I and Focus II) reported working in all job settings studied. The one exception was outpatient departments; no Focus II graduates reported working in that setting.

From the area of Focus I, 64% worked at least one job in medical center settings; 40% worked at least one job in community hospital settings; 7% held at least one job in community health care settings.

The largest percent (71%) of respondents from the area of Focus II held at least one job in medical center settings; 36% held at least one job in community hospitals and 5% in community health care settings.

Reasons for Leaving Jobs

Although reasons for leaving jobs were similar across all settings, there were differences in the frequency factors according to setting and the type of job held. The reasons were ranked from 1 = most frequently indicated, to 23 = least indicated, and findings are provided in Table 2.

Understaffing, hours and shifts, and no opportunity for growth were the three most frequently given reasons for leaving all jobs (by 47.7%, 47.1%, and 41.3%, respectively). The ten successive reasons given by at least 22% of respondents were, in decreasing order: degree of stress, 39.4%; powerlessness, 34.8%; working weekends, 29.7%; ineffective nursing administration, 29.7%; weak communication lines, 29%; unsatisfactory work environment, 29%; relocation of spouse, 27.7%; incompetent nurses, 23.2%; salary, 22.6%.

Table 2. Reasons for Leaving Jobs by Settings and Positions Held, Ranked by Frequency Indicated.

	Overall	Medical Center	Community Hospital	Community Health	Staff Nurse	Head/Assistant Head Nurse
Understaffing	1	2	1	9	1	1
Hours/Shifts	2	1	2	*	2	3
Lack of opportunity for growth	3	5	3	9	3	4
Stress	4	3	8	9	4	1
Powerlessness	5	7	4	9	5	9
Working weekends	6	6	9	9	6	12
Failure to work to full capacity	6	8	7	4	10	7
Nursing administration	6	9	6	4	7	7
Communication	9	11	5	*	11	4
Environment	9	10	10	2	9	9
Relocation	11	4	11	2	7	9
Incompetent nurses	12	13	8	*	13	4
Salary	13	11	12	1	12	12
Type of patients	14	14	13	4	14	15
M.D./Nurse relationship	15	17	14	9	15	15
Community	16	15	15	4	15	17
Benefits	17	19	16	4	17	17
Bureaucracy	17	16	16	*	19	12
Complexity of care	19	17	16	*	17	*
Incompatibility with peers	20	19	19	9	20	17
Medical reasons	21	19	19	*	20	*
Teaching hospital	22	22	21	*	22	*
Child care	23	22	*	*	23	*

*Not mentioned

The ten most frequently cited reasons for leaving medical center hospitals were (1) hours and shifts, (2) understaffing, (3) stress, (4) relocation of spouse, (5) lack of opportunity for growth, (6) working weekends, (7) powerlessness, (8) failure to work to full capacity, (9) ineffective nursing administration, and (10) work environment. In the community hospital setting, the ten most frequently cited reasons were (1) understaffing, (2) hours and shifts, (3) lack of opportunity for growth, (4) powerlessness, (5) weak lines of communication, (6) ineffective nursing administration, (7) failure to work to full capacity, (8) incompetent nurses, (9) working weekends, (10) work environment. Respondents working in a community health setting ranked reasons for leaving in the following way: (1) salary, (2) relocation of spouse and work environment,* (3) the community, benefits, type of patients, failure to work to

*Factors listed together are ranked equally.

full capacity, ineffective nursing administration were all cited with equal frequency. The remainder of the factors cited by the group were stress, understaffing, working weekends, powerlessness, incompetent peers, lack of opportunity for growth, physician/nurse relationships and were cited an equal number of times.

Differences in factors cited were also found between staff and the assistant/head nurse groups. The reasons given most frequently by staff nurses were (1) understaffing, (2) hours/shifts, (3) lack of opportunity for growth, (4) stress, (5) powerlessness, (6) weekends, (7) ineffective nursing administration and relocation of spouse, (8) work environment, and (9) failure to work to full capacity. From the assistant/head nurse group the following were cited most frequently: (1) stress and understaffing, (2) hours and shifts, (3) weak lines of communication, incompetent nurses, lack of opportunity for growth, (4) failure to work to full capacity and ineffective nursing administration, (5) relocation of spouse, powerlessness, and the work environment.

Factors for Selecting Current Job

Respondents were asked to rank order 16 factors as to their importance in selecting the job they currently hold, beginning with #1 as the most important. The mean score was used to compute the rankings for the total group, each year's graduation class, married and single respondents, and those from the areas, Focus I and Focus II.

The Spearman Rank Order Correlation Coefficient was used to compare each year's graduating class with the findings for the total group and with each other. The correlations were .912 and above, showing significance. Significant correlation coefficients were also found for married and single respondents, $\rho = .829$ and for those from areas Focus I and Focus II, $\rho = .992$. The findings for the total group rankings with the mean scores and standard deviations are shown in Table 3.

The following factors were ranked as more important by the total group, as computed by a mean score of less than 8, in order: salary, hours and shift, opportunity to provide optimal nursing care, degree of independence/autonomy encouraged, geographic proximity to spouse, benefits, adequate professional staff, and complexity of care required by patients. Factors considered less important, ranking 8 and above are, in order: respect for nursing by other health care members, degree of anticipated stress, opportunities for advancement, type of nursing assignment, teaching hospital, continuing education programs, community location/opportunity for involvement, and recognition and reward systems.

Factors for Selecting Future Jobs

Respondents were asked to rate 18 factors for selecting future jobs using a scale 5 = essential, to 1 = not important at all. The responses were computed for each factor's mean score and standard deviation for the

Table 3. Rank Order of Factors for Selecting Current Job by Total Group with Mean and Standard Deviation.

Total Group	Mean	S.D.
Salary	5.27	3.42
Hours and shift	5.31	3.97
Opportunity to provide optimal nursing care	5.92	3.89
Degree of independence/autonomy encouraged	6.91	3.97
Geographic proximity to spouse	6.99	5.20
Benefits	7.05	3.39
Adequate professional staff	7.53	3.80
Complexity of care required by patients	7.77	4.51
Respect for nursing by other health care members	8.27	4.05
Degree of anticipated stress	8.96	4.39
Opportunities for advancement	8.99	4.04
Type of nursing assignment	9.54	4.62
Teaching hospital	10.37	5.21
Continuing education programs	10.61	3.44
Community location opportunity for involvement	11.42	4.33
Recognition and reward system	11.42	3.18

total group, each year of graduation, 1978, 1979, 1980, for married and single respondents, and those from areas Focus I and Focus II.

Each of these variables were correlated using the Spearman Rank Correlation Coefficient. Comparisons of rank made by year of graduation and total group ranged from ρ .967 to .925. Comparison between years of graduating classes ranged from ρ .927 to .832.

Significant correlations were also found for married and single respondents with ρ .885 and for respondents from areas Focus I and Focus II with ρ .818. Factors for the total group are ranked from essential to less important with the mean score and standard deviation and are presented in Table 4.

Factors the total group considered extremely important for selecting a future job, as indicated with a mean score of more than four, are in order: opportunity to work to full capacity, hours and shift, adequate staffing, opportunity to work as a peer with the health team, salary, good communication channels, and type of patient cared for. The lowest mean score was 3.23 indicating all respondents judged factors for selecting future jobs as ranging between essential and less important.

THE WORK ENVIRONMENT SCALE

Respondents were asked to assess the social climate of their work units by answering true or false to statements on the work environment scale. The scores are based on a norm from various work groups ranging from maintenance workers and janitors to salesmen and staff nurses in a Veterans Administration Hospital (Moos and Insel, 1974).

Table 4. Rank Order of Job Selection Factors for Future Jobs by Total Group with Mean and Standard Deviation.

Total Group	Mean	S.D.
Opportunity to work to full capacity	4.21	.83
Hours and shift	4.18	.83
Adequate staffing	4.16	.78
Opportunity to work as peer with health team	4.10	.86
Salary	4.08	.84
Good communication channels	4.05	.77
Type of patient cared for	4.00	.91
Support of supervisory personnel	3.96	.85
Type of patient care setting	3.90	.90
Benefits	3.79	.85
Opportunity for advancement	3.68	.96
Opportunity for in-service education	3.53	.88
Opportunity for continuing education at advanced level	3.51	.88
Complexity of patient care	3.49	.94
Geographic location	3.36	1.06
Opportunity to participate in policy making	3.33	.99
The community	3.28	.97
Organization of patient care	3.23	.97

Besides comparing the complete respondent population to the norm for characteristics of the work environment, comparisons were made between respondents working in different positions and different health care settings. Following is a description for each of the dimensions and a general overview of data analysis of the comparisons. A chart for each is provided to illustrate the differences. The mean raw scores were converted to standard scores provided in a table by Moos and Insel (1974).[8] A summary of the findings related to employment setting are diagrammed in Figure 1.

Data Analysis

Relationship Dimensions

Involvement measures the extent to which workers are concerned and committed to their jobs; it includes items designed to reflect enthusiasm and constructive activity.

Overall, respondents were slightly below average in the involvement dimension. When comparing settings, respondents from medical center hospitals revealed the highest score for involvement, while those from nursing schools and community hospitals felt the lowest sense of involvement. Comparing nursing positions, supervisors placed an extremely high emphasis on involvement while administrators and faculty members reported the lowest score. Staff nurses tended to fall slightly

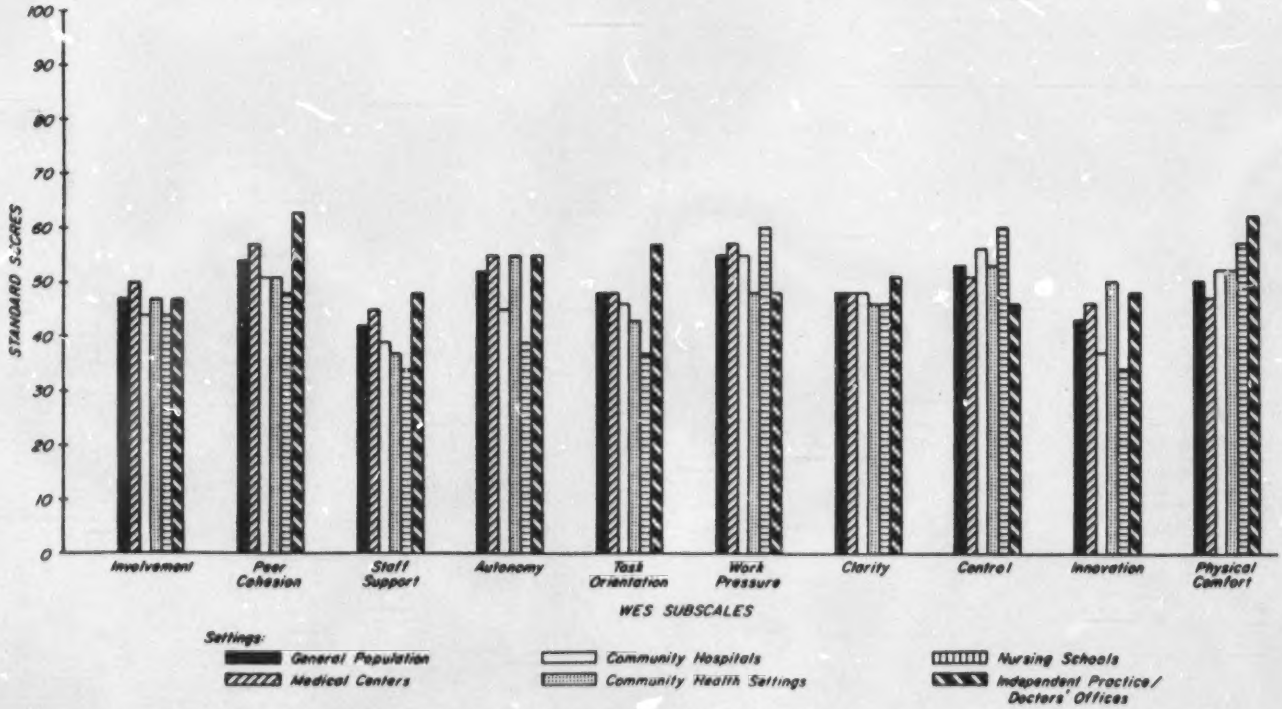

Figure 1. Standard Scores for Ten Subscales for *Work Environment Scale* by Setting of Employment.

below average in reference to involvement, whereas head nurses and assistant head nurses revealed an involvement score slightly above average.

Peer Cohesion measures the extent to which workers are friendly and supportive to each other.

Overall, the respondents sensed a slightly greater than average degree of peer cohesion in their work environments. Within the respondent group, nurses in industrial, school, and doctor's office settings felt a strong sense of peer cohesion. At the same time, instructors in schools of nursing felt the lowest sense of peer cohesion in their job setting. When comparing responses from medical centers to community hospitals, the community hospital respondents tended to have an average degree of peer cohesion while respondents from medical centers had a moderately above average score. With reference to nursing positions, supervisors had a very high degree of peer cohesion in their jobs. On the other hand, administrators and faculty members had the lowest with a slightly lower than average degree of peer cohesion. Both staff nurses and head nurses had the same above average amount of peer cohesion.

Staff Support measures the extent to which management is supportive of workers and encourages workers to be supportive of each other.

The lowest value on the work environment scale for the entire population of the study was staff support. Although responses from all settings were below average, nurses who work in industrial, school, and doctor's office settings had the highest feeling of staff support. Instructors in schools of nursing revealed the lowest score in this dimension. Respondents from medical center hospitals revealed more staff support in their work environments than respondents from community hospitals. In terms of positions, supervisors felt the greatest sense of staff support while the lowest degree of staff support was reported by instructors at schools of nursing. Head nurses felt an average degree of staff support while staff nurses reported significantly below average staff support.

Personal Growth Dimensions

Autonomy assesses the extent to which workers are encouraged to be self-sufficient and to make their own decisions and includes items related to personal development and growth.

Overall respondents reported a slightly above average sense of autonomy. Respondents employed in community health settings, medical centers, industrial settings, schools, and doctor's offices revealed the highest level of autonomy. Instructors at schools of nursing ranked lowest in terms of autonomy. Respondents in medical centers felt a moderate degree of autonomy in contrast to community hospital respondents who experience a below average degree of autonomy. Head nurses reported the highest level of autonomy within nursing positions while faculty members felt a significantly low level of autonomy. Staff nurses reported an average level of autonomy.

Task Orientation assesses the extent to which the climate emphasizes good planning, efficiency, and encourages workers to "get the job done."

Respondents reported a slightly lower than average degree of task orientation in their work environments. Within all the settings, respondents from industrial environments, schools, and doctor's offices reported the lowest. Respondents from both medical centers and community hospital settings showed below average degrees of task orientation. In reference to nursing positions, clinical specialists revealed a very high degree of task orientation; on the other hand, administrators experienced a significantly below average amount of task orientation. Both staff nurses and head nurses reported a slightly below average but equal amounts of task orientation.

System Maintenance and System Change Dimensions

Work Pressure measures the extent to which the pressure of work dominates the job milieu.

Respondents indicated a moderately above average degree of work pressure. Among the various settings, instructors in schools of nursing reported the highest degree of work pressure while nurses in industrial settings, schools, doctor's offices, and in community health settings, revealed the lowest score although only slightly below average. Respondents from both medical center hospitals and community hospitals reported similar above average values. With respect to positions, faculty members felt the highest degree of work pressure while administrators reported a very low score. Staff nurses and head nurses both reported an above average degree of work pressure, with staff nurses feeling the greatest pressure.

Clarity measures the extent to which workers know what to expect in their daily routines and how explicitly rules and policies are communicated.

Respondents overall revealed a slightly below average value in clarity. Although respondents in all settings had similar scores for clarity, those in industrial, school, and doctor's office settings experienced the highest amount of clarity, whereas instructors at schools of nursing and community health nurses indicated the lowest values. Respondents from medical centers and community hospitals reported identical degrees of clarity. Clinical specialists reported the highest amount of clarity within their positions. Administrators reported the lowest. Staff nurses and head nurses indicated slightly below average levels of clarity.

Control measures the extent to which management uses rules and pressures to keep workers under control.

The overall respondents in this sttudy indicated a moderate degree of control in their jobs. Instructors at schools of nursing reported the highest level of control while nurses in industrial, school, and doctor's office settings revealed the lowest. Nurses in medical center settings reported a slightly above average degree of control while respondents

in community hospital settings indicated a higher level of control. Among positions, faculty members had the highest amount of control while supervisors reported the least. Head nurses had a slightly below average score while staff nurses felt a slightly above average degree of control.

Innovation measures the extent to which variety, change, and new approaches are emphasized in the work environment.

The nurses in the study reported a low level of innovation within their work environment. Community health nurses indicated the highest level of innovation with an average score. Instructors in schools of nursing reported a significantly below average level of innovation. Although respondents from both medical centers and community hospitals revealed below average levels of innovation, respondents from community hospital settings scored *very* below average. Clinical specialists reported the highest level of innovation and faculty members the lowest. Head nurses responded with a higher level of innovation than staff nurses.

Physical Comfort assesses the extent to which the physical surroundings contribute to a pleasant work environment.

Respondents in the study reported an average amount of physical comfort in their work environment. The highest level of physical comfort was experienced by nurses in industrial settings, schools, and doctor's offices. Respondents in medical centers reported the only below average score for physical comfort. By position, clinical specialists, faculty members, and supervisors revealed moderate levels of physical comfort while administrators and head nurses experienced the lowest degree of physical comfort. Staff nurses reported an average score.

Settings

Respondents in medical center hospitals (n = 116) reported above average scores for peer cohesion, autonomy, and work pressure. The degree of control and involvement was average and task orientation, staff support, clarity, innovation, and physical comfort were all below average.

Respondents in community hospital settings (n = 10) rated autonomy, control, peer cohesion, and physical comfort above average. Innovation received an average score. Involvement, task orientation, work pressure, and clarity were below average, and staff support was significantly below average.

Instructors in schools of nursing (n = 6) responded with above average scores in work pressure, control, and physical comfort. Below average scores for this group included involvement, peer cohesion, staff support, autonomy, task orientation, clarity, and innovation. Staff support, autonomy, task orientation, and innovation were extremely below average for the sample.

Respondents in *industrial settings, schools, and doctor's offices* (n = 7) indicated that peer cohesion, autonomy, task orientation, clarity, and physical comfort were above average in their settings. Peer cohe-

sion and physical comfort were extremely high for the respondent group. Below average scores for this group included involvement, staff support, work pressure, control, and innovation.

Positions

Staff nurses (n = 178) reported above average scores for peer cohesion, work pressure, and control. Physical comfort was considered to be average in this nursing position. Clarity, involvement, autonomy, task orientation, and innovation all below average with staff support significantly below average.

Head nurses and assistant head nurses (n = 32) indicated involvement, peer cohesion, staff support, and work pressure as slightly to moderately above average. Autonomy was reported as significantly above average for the overall population. Below average scores included task orientation, clarity, control, innovation, and physical comfort.

Supervisors (n = 6) revealed the highest scores within the sample for involvement, peer cohesion, staff support, and physical comfort. Other above average values included autonomy, work pressure, clarity, and innovation. Only two dimensions fell below average within this position: task orientation and control.

The only above average score for *Nursing administrators* was autonomy. Innovation was reported as being average while staff support and control fell below average. This nursing position scored the lowest within the sample for involvement, peer cohesion, task orientation, work pressure, clarity, and physical comfort.

Faculty members (n = 8) reported the highest values overall for work pressure control and physical comfort. Involvement, peer cohesion, and clarity were moderately below average while staff support, autonomy, task orientation, and innovation were significantly below average. Faculty scored lowest within the sample in the areas of involvement, peer cohesion, staff support, autonomy, and innovation.

Clinical Specialists (n = 3) indicated peer cohesion, staff support work pressure, control, innovation, and physical comfort all as above average. These respondents scored the highest in task orientation. Involvement and autonomy were the only two below average scores for this position.

DISCUSSION

The findings of this study confirm that most of our graduates do work upon graduation (92.7%) and are employed as staff nurses (81.1%). Most graduates work in the Southern region, the region in which they were educated as nurses. Most graduates (63.7%) held their first jobs in a medical center, perhaps reflective of the fact that a medical center hospital is the major clinical facility for the nursing education program from which they graduated. However, the tendency for a second job is away from the medical center to either community hospitals or community health programs.

Perhaps the finding of most concern is the very high job mobility reflected by these graduates. Each graduate in the work force for three years has held an average of 2.14 jobs; each in the work force two years has held an average of 1.68 jobs; those in the work force approximately one year held an average of 1.2 jobs. The loss to the employer with such mobility is staggering, especially when most employers claim it takes approximately a year for a graduate to become fully productive.

The major reasons given for leaving jobs are understaffing, hours and shifts, and no opportunity for growth; salary was thirteenth in importance. However, salary, along with hours and shifts, was given as the most important factor in selecting the jobs they now hold, but fifth in importance for future jobs. For future jobs, opportunity to work to full capacity, hours and shifts, adequate staffing, and opportunity to work as peer with health team are considered more important than salary.

Cronbach's Alpha was used to determine if the items on the questionnaire were internally consistent with the respondents' perceptions of importance of factors in future job choice. The obtained value of *alpha* was .66. An examination of the contributions of each item to the total consistency indicates each of the 18 variables was equally important. While the value of *alpha* is not extremely high, an $\alpha = .66$ is encouraging for an initial effort to assess factors in future job choice.

The Work Environment Scale has not been used extensively with nurses, and the findings from this study are not conclusive. Little, if any, credibility can be assigned these findings because of low reliability. However, the Scale does seem applicable and replication of its use may permit reliability to be established over time.

CONCLUSION

The findings of this study confirm the assumption that the "nurse shortage" is a very complex issue. Many factors influence nurses as they select and leave positions. Reasons for seeking jobs shift over time. Graduates tend to move from more complex health care settings the longer they are away from college and the academic health center. Many more graduates had returned to school for higher degree preparation than anticipated and may reflect a need for more preparation to carry out the highly complex nursing care required today.

Our task is now clear. We need to create and implement approaches to the practice and organization of nursing that reflect the needs expressed by the respondents of this study. More emphasis should be placed on turnover, as this seems to be the predominant problem at least for these study respondents. Retention rather than recruitment may be the more appropriate strategy.

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APPENDIX A

The Work Environment Scale items meet psychometric test construction criteria (Moos, Insel, and Humphrey, 1974).

The validity of the WES (Form R) was evaluated using internal consistencies (Kuder-Richardson Formula 20), average item to subscale correlations and subscale intercorrelations. The internal consistencies ranged from .70 to .91 and were all in an acceptable range. The average item to subscale correlations were relatively high and ranged from .48 to .63. The average subscale intercorrelations were .25 indicating that the subscales measure quite distinct though somewhat related aspects of work group milieus.

Subsequently a 40 item short form of the WES, Form S, was developed to permit relatively rapid assessment of work group climate. Comparisons were done using the short form which contains four items per subscale, as opposed to nine items on Form R. The results indicated that the short form provided a profile of the work environment very similar to that obtained using Form R.